SEIU6 PROPERTY SERVICES NW: GRIEVANCE FORM

Employee's Name	7,8			
Address				Zip
*Phone:		_ *E-mail		
Employer	ployer Work Lo			Shift
Job Title	Rate of Pay	Immediat	e Supervisor:	
Date of Incident:				
Notify me about r	my grievance by email *	· ·	Notify me about my gr	
STATEMENT OF GRIEVANCE	: (Be specific, use back of in the langu	age you are m	ost comfortable with	f necessary AND write
REMEDY OF GRIEVANCE				
SECTION(s) OF THE CONTRAC	CT VIOLATED (INCLUDING			
Employee's S	ignature	***************************************	Date Submitted	

PLEASE GIVE COMPLETED GRIEVANCE FORM TO YOUR SUPERVISOR WITH A COPY TO UNION. THANK YOU.

SEIU6 Property Services NW 3720 Airport Way S., Seattle WA 98134

Phone: (206) 448-7348

FAX # (206) 441-5120

P-BOCUMENTS/FORMS ORIEVANCES/ORIEV FRM SEA. DOC OPEIU/8/all-cio

^{*}By providing my phone number, I understand the Service Employees International Union, its local unions, and affiliates, may use automated calling technologies and/or text message me on my cellular phone or email on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.